

**Performance & Development Solutions (PDS)
Administrative Assistant Program Certificate**

(PLEASE PRINT)

Name: _____ SS #: _____
Last First MI

Agency: _____ Classification: _____

Work Location: _____ Work Phone: _____

E-Mail Address: _____

FOR NON-STATE EMPLOYEES, PLEASE PROVIDE BILLING INFORMATION:

Non-State Agency/Organization: _____

Contact: _____ Phone #: _____

Address: _____ City/Zip: _____

Completion of the PDS Administrative Assistant Certificate Program requires the completion of the nine classes and the completion of five elective classes. If participants have completed computer training at a lower level in any of these classes, the participant must complete a higher level training in the same software or in another software program.

Record Of Completion

<u>Core Courses</u>	<u>Course Number</u>	<u>Date Taken</u>	<u>Elective Courses</u>	<u>Date Taken</u>
Introduction to Business Skills (DMACC)	GI 174	_____	1) _____	_____
Financial Math Refresher (DMACC)	GI 175	_____	2) _____	_____
Accounting Fundamentals (DMACC)	GI 176	_____	3) _____	_____
Business English (PDS)	GI 001	_____	4) _____	_____
Business Writing Workshop (PDS)	GI 134	_____	5) _____	_____
Customer Service (PDS)	QM 002	_____		
Customer Service Telephone Skills	QM 030	_____		
Professional Image: Efficiency, Impact and Results	GI 084	_____		
Project Management	PT 103	_____		
Achieving Communication Effectiveness	GI 077	_____		

Electives. Select five of the following courses: Minute Taking (GI 177); Microsoft Word Basic (PC 072); Microsoft Word Intermediate (PC 084); Microsoft Word Advanced (PC 073); Microsoft Excel Basic (PC 062); Microsoft Excel Intermediate (PC 063); Microsoft Excel Advanced (PC 064); Microsoft Excel Business Functions (PC 104); Microsoft PowerPoint Basic (PC 035); Microsoft PowerPoint Advanced (PC 037); Microsoft Access Basic (PC 005); Microsoft Access Intermediate (PC 155); Microsoft Access Advanced (PC 010); Microsoft Project Basic (PC 121); Microsoft Project Advanced (PC 122).

The following signatures indicate awareness of this application and support for completion of this certificate program within three (3) years.

Employee _____ Date _____ Department Director _____ Date _____

Supervisor _____ Date _____ Training Liaison (state employee only) _____ Date _____

For PDS Use Only:

Date Confirmed _____ Courses Valid Since _____
Completion Date By _____ Certificate Sent _____

CFN 552-0701 Rev. 9/05

Please return the completed form to:

State Employees: Your agency's Training Liaison

Non-State Employees: Leslie Davenport, PDS Training, DAS-HRE, 400 E 14th Street, Des Moines, IA 50319-0150

Phone: 515-281-5456 Fax: 515-242-5152